

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | |
|---|---|---|--|
| The C/OH INSTRUCTION GUIDE explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission filers) 00000001 | 2 PAGE # 1 of 35 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Mr. Amadeo | | OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged |
| | NICKNAME LAST SUFFIX Ortiz | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1443 W. Elsmere San Antonio, TX 78201 | | <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> FILED IN MY OFFICE JACQUELYN E. CALANCA ELECTIONS ADMINISTRATOR JAN - 2 P 3 28 </div> |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mr. Alex | | |
| | NICKNAME LAST SUFFIX Torres | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 202 E. Quill San Antonio, TX 78228 | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (210) 693-0776 | | |
| 8 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 9 PERIOD COVERED | Month Day Year THROUGH Month Day Year 07/01/2007 12/31/2007 | | |
| 10 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 03/04/2008 | | |
| 11 OFFICE | OFFICE HELD (if any) | | 12 OFFICE SOUGHT (if known) Bexar Co. Sheriff |
| 13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | ... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ... | | |
| | Name | | |
| | Address/PO Box; Apt. / Suite #; City; State; Zip Code | | |
| GO TO PAGE 2 | | | |

AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM ACTA

PG 1

| | | | | | |
|---|--|--|--|---|--|
| 1 CANDIDATE NAME Amadeo Ortiz | | 2 ACCOUNT # | | 3 Total pages filed: | |
| <p>See ACTA INSTRUCTION GUIDE for detailed instructions. Use this form for changes to existing information only. Do not provide information previously disclosed.</p> | | | | | |
| 4 CANDIDATE NAME | | NEW MS / MRS / MR FIRST <u>Am Ad eO</u> MI NICKNAME LAST <u>Ortiz</u> SUFFIX | | OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Date Processed Date Imaged FILED IN MY OFFICE JACQUELINE F. CALANCA ELECTIONS ADMINISTRATOR EDC COMMUNITY | |
| 5 CANDIDATE MAILING ADDRESS | | NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>1443 W. Elsmere</u> <u>San Antonio, TX 78201</u> | | | |
| 6 CANDIDATE PHONE | | NEW AREA CODE PHONE NUMBER EXTENSION <u>(210) 736-3312</u> | | | |
| 7 OFFICE HELD (if any) | | NEW | | | |
| 8 OFFICE SOUGHT (if known) | | NEW <u>BEYAR County Sheriff</u> | | | |
| 9 CAMPAIGN TREASURER NAME | | NEW MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX <u>Mr. Robert W. Lott</u> <u>Bob</u> | | | |
| 10 CAMPAIGN TREASURER STREET ADDRESS (Residence or business) | | NEW STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>5045 Ayrshire Dr. San Antonio, TX 78217</u> | | | |
| 11 CAMPAIGN TREASURER PHONE | | NEW AREA CODE PHONE NUMBER EXTENSION <u>(210) 414-9966</u> | | | |
| 12 CANDIDATE SIGNATURE | | <p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><u>Amadeo Ortiz</u> Signature of Candidate</p> <p><u>01-01-08</u> Date Signed</p> | | | |
| GO TO PAGE 2 | | | | | |



**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****14 C/OH NAME** Ortiz, Amadeo (Mr.)**15 ACCOUNT #** (Ethics Commission filers)
00000001**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE☐ **GENERAL**☐ **SPECIFIC**☐ additional pages**COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS****17 CONTRIBUTION
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

470.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

39,684.51

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

332.95

4. TOTAL POLITICAL EXPENDITURES

\$

33,390.85

**CONTRIBUTION
BALANCE**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

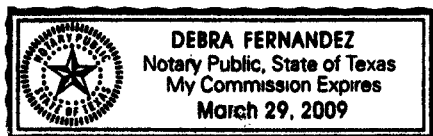
\$

18,400.00

**OUTSTANDING
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

3,000.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Amadeo Ortiz
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Amadeo Ortiz, this the 2 day of Jan, 2008, to certify which, witness my hand and seal of office.

Debra Fernandez
Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/16 Report: 3/35

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

10/29/2007

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Alfaro, Manuel

6 Contributor address; City; State; Zip Code

1716 S. San Marcos
San Antonio, TX 78207

7 Amount of
contribution (\$)

\$125.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

07/02/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amber, Michael

Contributor address; City; State; Zip Code

1447 W. Summit
San Antonio, TX 78201

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/26/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)

Ambriz, Jesus

Contributor address; City; State; Zip Code

4419 Turkey Run St
San Antonio, TX 78238

Amount of
contribution (\$)

\$810.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/26/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)

Bexar Co. Bail Bond Association PAC

Contributor address; City; State; Zip Code

4007 S. Presa
San Antonio, TX 78223

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)

Campos, Alberto

Contributor address; City; State; Zip Code

P.O. Box 29073
San Antonio, TX 78229

Amount of
contribution (\$)

\$125.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/16 Report: 4/35

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

09/26/2007

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Carvajal, Charlie

6 Contributor address; City; State; Zip Code
19 Orsinger Hill
San Antonio, TX 78230

7 Amount of
contribution (\$)

\$200.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/01/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Carvajal, Danny

Contributor address; City; State; Zip Code
130 City St
San Antonio, TX 78204

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/21/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Carvajal, Danny

Contributor address; City; State; Zip Code
130 City St
San Antonio, TX 78204

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Casillas, Dennis

Contributor address; City; State; Zip Code
8634 Quail Whisper
San Antonio, TX 78250

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cedillo, Rebecca

Contributor address; City; State; Zip Code
239 W. Hollywood
San Antonio, TX 78212

Amount of
contribution (\$)

\$125.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/16 Report: 5/35

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

09/24/2007

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Davila, Robert

6 Contributor address; City; State; Zip Code
723 Peabody
San Antonio, TX 78211

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/01/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Deputy Sheriffs Association of Bex Co PAC

Contributor address; City; State; Zip Code
816 Camaron #214
San Antonio, TX 78212

Amount of
contribution (\$)

\$3,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/31/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Deputy Sheriffs Association of Bex Co PAC

Contributor address; City; State; Zip Code
816 Camaron #214
San Antonio, TX 78212

Amount of
contribution (\$)

\$3,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/26/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Deputy Sheriffs Association of Bex Co PAC

Contributor address; City; State; Zip Code
816 Camaron #214
San Antonio, TX 78212

Amount of
contribution (\$)

\$472.50

In-kind contribution
description (if applicable)
In-Kind Yard Sign
materials

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/31/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Deputy Sheriffs Association of Bex Co PAC

Contributor address; City; State; Zip Code
816 Camaron #214
San Antonio, TX 78212

Amount of
contribution (\$)

\$2,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 4/16 Report: 6/35

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

11/01/2007

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Deputy Sheriffs Association of Bex Co PAC

6 Contributor address; City; State; Zip Code
816 Camaron #214
San Antonio, TX 78212

7 Amount of contribution (\$)

\$227.50

8 In-kind contribution description (if applicable)
Campaign Marketing expense

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/21/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dimas, Gil

Contributor address; City; State; Zip Code
531 Guadalupe St
San Antonio, TX 78207

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/26/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dovalina, Roger

Contributor address; City; State; Zip Code
9311 Moonlit Glade
San Antonio, TX 78223

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/27/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Embrey, Bruce

Contributor address; City; State; Zip Code
219 N. Comal
San Antonio, TX 78207

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Embrey, Bruce

Contributor address; City; State; Zip Code
1126 W. Commerce St
San Antonio, TX 78207

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 5/16 Report: 7/35

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

11/27/2007

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Fernandez, Raul

6 Contributor address; City; State; Zip Code
9607 Summer Vail St
San Antonio, TX 78251

7 Amount of
contribution (\$)

\$79.10

8 In-kind contribution
description (if applicable)
F&B Special Campaign
meeting

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Fletcher, Roy

Contributor address; City; State; Zip Code
11843 Braesview #601
San Antonio, TX 78213

Amount of
contribution (\$)

\$300.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Frigerio, Charles

Contributor address; City; State; Zip Code
317 Cleveland Court
San Antonio, TX 78209

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/26/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Garza, Linda

Contributor address; City; State; Zip Code
2310 Marilyn Kay St
San Antonio, TX 78238

Amount of
contribution (\$)

\$185.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/18/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gholson, William & Carolina

Contributor address; City; State; Zip Code
8181 Tezel Rd
San Antonio, TX 78250

Amount of
contribution (\$)

\$1,652.81

In-kind contribution
description (if applicable)
In-Kind F&B expense
for Fundraiser event

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/16 Report: 8/35

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

12/18/2007

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Gholson, William & Carolina

6 Contributor address; City; State; Zip Code
8181 Tezel Rd
San Antonio, TX 78250

7 Amount of
contribution (\$)

\$6,072.00

8 In-kind contribution
description (if applicable)
Donation for Political
Advertising

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/26/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gilbridge, Rick

Contributor address; City; State; Zip Code
3826 Majestic
San Antonio, TX 78228

Amount of
contribution (\$)

\$185.60

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gonzalez, Charles (Rep.)

Contributor address; City; State; Zip Code
206 E. Locust
San Antonio, TX 78212

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/12/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hernandez, Raymond

Contributor address; City; State; Zip Code
273 Nicks Road
Comfort, TX 78013

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/26/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Herrera, Nancy

Contributor address; City; State; Zip Code
14034 Sunnyglen
San Antonio, TX 78217

Amount of
contribution (\$)

\$185.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 7/16 Report: 9/35

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

10/29/2007

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Herrera, Nancy

6 Contributor address; City; State; Zip Code

14034 Sunnyside
San Antonio, TX 78217

7 Amount of
contribution (\$)

\$280.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

07/26/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)

Hoffman, Amado

Contributor address; City; State; Zip Code

4946 Rigsby
San Antonio, TX 78222

Amount of
contribution (\$)

\$2,200.00

In-kind contribution
description (if applicable)

Donation 100 Steak
Dinners

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)

Hollis, Dean

Contributor address; City; State; Zip Code

166 N. Loop Road
San Antonio, TX 78216

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/17/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)

Horton, Leo

Contributor address; City; State; Zip Code

4839 SeaBreeze Dr
San Antonio, TX 78220

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)

Hulse, Stan

Contributor address; City; State; Zip Code

8100 Broadway #200
San Antonio, TX 78209

Amount of
contribution (\$)

\$140.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/16 Report: 10/35

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

07/20/2007

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Hyden, Perry

6 Contributor address; City; State; Zip Code
422 Lanier Blvd
San Antonio, TX 78221

7 Amount of
contribution (\$)

\$30.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

07/27/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hyden, Perry

Contributor address; City; State; Zip Code
422 Lanier Blvd
San Antonio, TX 78221

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Juarez, Gilbert

Contributor address; City; State; Zip Code
7423 Rocky Cedar
San Antonio, TX 78249

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lowry, Terry

Contributor address; City; State; Zip Code
1438 Lynwood Ave
San Antonio, TX 78201

Amount of
contribution (\$)

\$60.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lozano, Robert

Contributor address; City; State; Zip Code
15911 Reyes Ridge
San Antonio, TX 78023

Amount of
contribution (\$)

\$125.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | | | |
|--|---|--|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | | | 1 PAGE # Schedule: 9/16 Report: 11/35 | |
| 2 FILER NAME Ortiz, Amadeo (Mr.) | | | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 11/20/2007 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCombs, B.J. | | 7 Amount of contribution (\$) \$2,000.00 | | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code P.O. Box BH003 San Antonio, TX 78201 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| 9 Principal occupation / Job title (See Instructions) | | | 10 Employer (See Instructions) | | |
| Date 10/29/2007 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGovern, David | | Amount of contribution (\$) \$100.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 27565 Woodland Gm San Antonio, TX 78015 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |
| Date 07/26/2007 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Myers, David | | Amount of contribution (\$) \$300.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 130 City St. San Antonio, TX 78213 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |
| Date 09/26/2007 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Myers, David | | Amount of contribution (\$) \$600.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 186 Marlana San Antonio, TX 78213 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |
| Date 10/05/2007 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Myers, David | | Amount of contribution (\$) \$700.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 186 Marlana San Antonio, TX 78213 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | | | |
|--|--|--|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | | | 1 PAGE # Schedule: 10/16 Report: 12/35 | |
| 2 FILER NAME Ortiz, Amadeo (Mr.) | | | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 10/10/2007 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Myers, David | | 7 Amount of contribution (\$) \$200.00 | | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 186 Marlana San Antonio, TX 78213 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| 9 Principal occupation / Job title (See Instructions) | | | 10 Employer (See Instructions) | | |
| Date 10/10/2007 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Myers, David | | Amount of contribution (\$) \$300.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 186 Marlana San Antonio, TX 78213 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |
| Date 10/29/2007 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Myers, David | | Amount of contribution (\$) \$540.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 186 Marlana San Antonio, TX 78213 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |
| Date 10/29/2007 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ortiz, Melissa | | Amount of contribution (\$) \$320.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 4700 Capital of Texas Hwy #224 Austin, TX 78746 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |
| Date 10/29/2007 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ortiz, Victor | | Amount of contribution (\$) \$200.00 | | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1805 Castrovilla Road San Antonio, TX 78237 | | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 11/16 Report: 13/35

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

11/09/2007

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ortiz, Victor

6 Contributor address; City; State; Zip Code
1805 Castroville Road
San Antonio, TX 78237

7 Amount of contribution (\$)

\$300.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

07/20/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pacheco, Frank

Contributor address; City; State; Zip Code
1610 W. Hildebrand Ave
San Antonio, TX 78201

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/24/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pacheco, Frank

Contributor address; City; State; Zip Code
1610 W. Hildebrand Ave
San Antonio, TX 78201

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/10/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pacheco, Frank

Contributor address; City; State; Zip Code
1610 W. Hildebrand Ave
San Antonio, TX 78201

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Perez, Joe

Contributor address; City; State; Zip Code
506 Rayburn Dr
San Antonio, TX 78221

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 12/16 Report: 14/35

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

10/29/2007

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Perez, Victor

6 Contributor address; City; State; Zip Code
2903 E. Ramblewood St
San Antonio, TX 78261

7 Amount of
contribution (\$)

\$885.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/17/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Philippus, Al

Contributor address; City; State; Zip Code
3 Inwood Moss
San Antonio, TX 78248

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/26/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rangel, Roland

Contributor address; City; State; Zip Code
1323 W. Martin
San Antonio, TX 78207

Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/20/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Reyes II, Richard

Contributor address; City; State; Zip Code
110 Oak Grove Dr
Boerne, TX 78006

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rodriguez, Anita

Contributor address; City; State; Zip Code
163 Bradley St
San Antonio, TX 78211

Amount of
contribution (\$)

\$160.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 13/16 Report: 15/35

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

07/26/2007

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Salazar, Jose

6 Contributor address; City; State; Zip Code
20750 Hwy 281 North
San Antonio, TX 78259

7 Amount of
contribution (\$)

\$1,000.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Savage, Bradley

Contributor address; City; State; Zip Code
20030 Standish Rd
San Antonio, TX 78258

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/29/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Shults, Bob

Contributor address; City; State; Zip Code
1331 Lamar St Ste 1250
Houston, TX 77010

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/12/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Simpson, J. Doug

Contributor address; City; State; Zip Code
18854 Calle Cierra
San Antonio, TX 78258

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/27/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Soto, Sergio

Contributor address; City; State; Zip Code
P.O. Box 830883
San Antonio, TX 78283

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 14/16 Report: 16/35

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

10/29/2007

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Spector, Morris (Dr.)

6 Contributor address; City; State; Zip Code
P.O. Box 15273
San Antonio, TX 78212

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/29/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Texas GEO Group, Inc - PAC

Contributor address; City; State; Zip Code
1583 Common St Ste 213
New Braunfels, TX 78130

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/12/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Trainer, Michael

Contributor address; City; State; Zip Code
3839 Devon
San Antonio, TX 78223

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/27/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Trainer, Michael

Contributor address; City; State; Zip Code
3839 Devon
San Antonio, TX 78223

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/06/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Trainer, Michael

Contributor address; City; State; Zip Code
1249 Hillside Oaks Dr
La Vernia, TX 78121

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 15/16 Report: 17/35

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

12/12/2007

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Trainer, Michael

6 Contributor address; City; State; Zip Code
1249 Hillside Oaks Dr
La Vernia, TX 78121

7 Amount of
contribution (\$)

\$25.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/20/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Trainer, Michael

Contributor address; City; State; Zip Code
1249 Hillside Oaks Dr
La Vernia, TX 78121

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/26/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Vela, Dan

Contributor address; City; State; Zip Code
9251 Windward Trace
San Antonio, TX 78254

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/12/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Villareal, Lee Roy

Contributor address; City; State; Zip Code
PMB 1546
6450 NW Loop 410
San Antonio, TX 78238

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/31/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Villareal, Lee Roy

Contributor address; City; State; Zip Code
PMB 1546
6450 NW Loop 410
San Antonio, TX 78238

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 16/16 Report: 18/35

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

10/29/2007

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Villareal, Lee Roy

6 Contributor address; City; State; Zip Code
P.O. Box 767
Cibolo, TX 78108

7 Amount of contribution (\$)

\$165.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

07/26/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Wagley, Janice

Contributor address; City; State; Zip Code
135 N. Comal
San Antonio, TX 78207

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/20/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
Walker, Avery

Contributor address; City; State; Zip Code
4103 Cliff Run
San Antonio, TX 78222-2731

Amount of contribution (\$)

\$240.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
White, Collis

Contributor address; City; State; Zip Code
115 E. Travis Ste 1705
San Antonio, TX 78205

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/2007

Full name of contributor ☐ out-of-state PAC (ID# _____)
White, Collis

Contributor address; City; State; Zip Code
115 E. Travis Ste 1705
San Antonio, TX 78205

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/16 Report: 19/35**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001

| 4 Date | 5 Payee name ADG Marketing, Inc | 7 Amount (\$) |
|---------------|--|-------------------------|
| 09/26/2007 | 6 Payee address; City; State; Zip Code 7322 Oak Manor Dr Ste 21 San Antonio, TX 78229 | \$4,082.00 |

8 Purpose of payment (See instructions regarding type of information required.)
Ortiz campaign yard signs**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

| Date | Payee name ADG Marketing, Inc | Amount (\$) |
|------------|---|----------------|
| 10/17/2007 | Payee address; City; State; Zip Code 7322 Oak Manor Dr Ste 21 San Antonio, TX 78229 | \$977.00 |

Purpose of payment (See instructions regarding type of information required.)
Ortiz campaign Mkting services** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

| Date | Payee name ADG Marketing, Inc | Amount (\$) |
|------------|---|----------------|
| 11/02/2007 | Payee address; City; State; Zip Code 7322 Oak Manor Dr Ste 21 San Antonio, TX 78229 | \$2,660.00 |

Purpose of payment (See instructions regarding type of information required.)
Ortiz campaign yard signs** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

| Date | Payee name ADG Marketing, Inc | Amount (\$) |
|------------|---|----------------|
| 11/13/2007 | Payee address; City; State; Zip Code 7322 Oak Manor Dr Ste 21 San Antonio, TX 78229 | \$150.00 |

Purpose of payment (See instructions regarding type of information required.)
Ortiz campaign Mkting services** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/16 Report: 20/35**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001

| | | |
|---------------------------------|---|---|
| 4 Date 11/13/2007 | 5 Payee name ADG Marketing, Inc 6 Payee address; City; State; Zip Code 7322 Oak Manor Dr Ste 21 San Antonio, TX 78229 | 7 Amount (\$) \$625.00 |
|---------------------------------|---|---|

8 Purpose of payment (See instructions regarding type of information required.)
Ortiz campaign Mktg services**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

| | | |
|------------------------|---|----------------------------------|
| Date 11/30/2007 | Payee name ADG Marketing, Inc Payee address; City; State; Zip Code 7322 Oak Manor Dr Ste 21 San Antonio, TX 78229 | Amount (\$) \$1,907.00 |
|------------------------|---|----------------------------------|

Purpose of payment (See instructions regarding type of information required.)
Ortiz campaign Mktg services** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

| | | |
|------------------------|--|--------------------------------|
| Date 07/17/2007 | Payee name AT & T Telephone Payee address; City; State; Zip Code 800-599-7928 TX | Amount (\$) \$215.00 |
|------------------------|--|--------------------------------|

Purpose of payment (See instructions regarding type of information required.)
Office telephone & Internet** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

| | | |
|------------------------|--|--------------------------------|
| Date 08/05/2007 | Payee name AT & T Telephone Payee address; City; State; Zip Code 800-599-7928 TX | Amount (\$) \$113.77 |
|------------------------|--|--------------------------------|

Purpose of payment (See instructions regarding type of information required.)
Office telephone & Internet** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/16 Report: 21/35

2 FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

4 Date

09/07/2007

5 Payee name

AT & T Telephone

7 Amount

(\$)

\$99.34

6 Payee address; City; State; Zip Code

800-599-7928

TX

8 Purpose of payment (See instructions regarding type of information required.)

Office telephone & Internet

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

10/10/2007

Payee name

AT & T Telephone

Amount

(\$)

\$156.41

Payee address; City; State; Zip Code

800-599-7928

TX

Purpose of payment (See instructions regarding type of information required.)

Office telephone & Internet

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

11/05/2007

Payee name

AT & T Telephone

Amount
(\$)

\$124.30

Payee address; City; State; Zip Code

800-599-7928

TX

Purpose of payment (See instructions regarding type of information required.)

Office telephone & Internet

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

07/12/2007

Payee name

Beef & Bourbon Steak House

Amount
(\$)

\$21.32

Payee address; City; State; Zip Code

4946 Rigsby

San Antonio, TX 78222

Purpose of payment (See instructions regarding type of information required.)

F&B Business Meeting

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/16 Report: 22/35

2 FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

4 Date

07/26/2007

5 Payee name

Beef & Bourbon Steak House

7 Amount
(\$)

\$400.00

6 Payee address; City; State; Zip Code4946 Rigsby
San Antonio, TX 78222**8** Purpose of payment (See instructions regarding type of information required.)

Gratuities - Waitstaff at fundraiser

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

10/30/2007

Payee name

Beef & Bourbon Steak House

Amount
(\$)

\$32.80

Payee address; City; State; Zip Code

4946 Rigsby
San Antonio, TX 78222

Purpose of payment (See instructions regarding type of information required.)

F&B Business meeting

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

12/04/2007

Payee name

Bexar County Democratic Party

Amount
(\$)

\$1,250.00

Payee address; City; State; Zip Code

3010 N. St Mary's St
San Antonio, TX 78212

Purpose of payment (See instructions regarding type of information required.)

Filing Fee for placement on 2008 Primary Ballot

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

10/26/2007

Payee name

BudCo

Amount
(\$)

\$314.00

Payee address; City; State; Zip Code

4609 Hwy 90 W
San Antonio, TX 78237

Purpose of payment (See instructions regarding type of information required.)

F&B for fundraiser 10/26/07

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 5/16 Report: 23/35**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date**5** Payee name
Cadillac Bar**7** Amount
(\$)

10/25/2007

6 Payee address; City; State; Zip Code
212 S. Flores
San Antonio, TX 78204

\$214.50

8 Purpose of payment (See instructions regarding type of information required.)

F&B Meeting with LEO group

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
Carla Vela CampaignAmount
(\$)

12/12/2007

Payee address; City; State; Zip Code
3819 Briar heaven
San Antonio, TX 78247

\$100.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Donation

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
Custom Crush WineryAmount
(\$)

11/07/2007

Payee address; City; State; Zip Code
8425 Bandera Rd Ste 148
San Antonio, TX 78250

\$174.51

Purpose of payment (See instructions regarding type of information required.)

F&B for fundraiser 10/26/07

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
David Lee Garza Y Los MusicalesAmount
(\$)

10/26/2007

Payee address; City; State; Zip Code
7152 N. State Hwy 16
Poteet, TX 78065

\$4,000.00

Purpose of payment (See instructions regarding type of information required.)

Entertainment - Fundraiser 10/26/07

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/16 Report: 24/35**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date**5** Payee name
FedEX /Kinko**7** Amount
(\$)

09/26/2007

6 Payee address; City; State; Zip Code
11745 IH 10 West
San Antonio, TX 78230

\$62.56

8 Purpose of payment (See instructions regarding type of information required.)

Campaign invitations

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
FedEX /KinkoAmount
(\$)

10/01/2007

Payee address; City; State; Zip Code
11745 IH 10 West
San Antonio, TX 78230

\$46.83

Purpose of payment (See instructions regarding type of information required.)

Campaign flyers

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
Halo DistributingAmount
(\$)

10/30/2007

Payee address; City; State; Zip Code
200 Lombrano St
San Antonio, TX 78204

\$271.45

Purpose of payment (See instructions regarding type of information required.)

F&B for fundraiser 10/26/07

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
HEB GroceryAmount
(\$)

10/26/2007

Payee address; City; State; Zip Code
2118 Fredericksburg Rd
San Antonio, TX 78201

\$26.72

Purpose of payment (See instructions regarding type of information required.)

F&B Fundraiser Event 10/26/07

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #

Schedule: 7/16 Report: 25/35

2 FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

4 Date**5** Payee name

HEB Grocery

7 Amount
(\$)

10/26/2007

6 Payee address; City; State; Zip Code2118 Fredericksburg Rd
San Antonio, TX 78201

\$35.00

8 Purpose of payment (See instructions regarding type of information required.)

F&B Fundraiser Event 10/26/07

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

Payee name

HEB Grocery

Amount
(\$)

12/26/2007

Payee address; City; State; Zip Code

2118 Fredericksburg Rd
San Antonio, TX 78201

\$54.99

Purpose of payment (See instructions regarding type of information required.)

F&B Senior Center Refreshments

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

Payee name

Hercules Leaves & Petals

Amount
(\$)

08/02/2007

Payee address; City; State; Zip Code

1150 Culebra
San Antonio, TX 78201

\$70.28

Purpose of payment (See instructions regarding type of information required.)

Flower arrangement

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

Payee name

Kinko's

Amount
(\$)

09/19/2007

Payee address; City; State; Zip Code

11745 W IH 10
San Antonio, TX 78230

\$124.35

Purpose of payment (See instructions regarding type of information required.)

Paper Supplies for Fundraiser

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/16 Report: 26/35

2 FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

4 Date**5** Payee name

Kinko's

7Amount
(\$)

09/19/2007

6 Payee address; City; State; Zip Code11745 W IH 10
San Antonio, TX 78230

\$25.74

8 Purpose of payment (See instructions regarding type of information required.)

Paper Supplies for Fundraiser

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

Kinko's

Amount
(\$)

10/15/2007

Payee address; City; State; Zip Code

11745 W IH 10
San Antonio, TX 78230

\$6.43

Purpose of payment (See instructions regarding type of information required.)

Paper Supplies for Fundraiser

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

Kinko's

Amount
(\$)

11/12/2007

Payee address; City; State; Zip Code

11745 W IH 10
San Antonio, TX 78230

\$6.43

Purpose of payment (See instructions regarding type of information required.)

Paper Supplies for Fundraiser

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

N&S Enterprises

Amount
(\$)

10/05/2007

Payee address; City; State; Zip Code

222 E. Houston
San Antonio, TX 78205

\$288.00

Purpose of payment (See instructions regarding type of information required.)

Campaign shirts

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 9/16 Report: 27/35

2 FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

4 Date**5** Payee name

N&S Enterprises

7Amount
(\$)

10/22/2007

6 Payee address; City; State; Zip Code222 E. Houston
San Antonio, TX 78205

\$168.00

8 Purpose of payment (See instructions regarding type of information required.)

Campaign shirts

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

National Transaction Corp

Amount
(\$)

07/01/2007

Payee address; City; State; Zip Code

11951 NW 37th St
Coral Springs, FL 33065

\$15.95

Purpose of payment (See instructions regarding type of information required.)

Credit Card Transaction Fees

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

National Transaction Corp

Amount
(\$)

08/01/2007

Payee address; City; State; Zip Code

11951 NW 37th St
Coral Springs, FL 33065

\$15.95

Purpose of payment (See instructions regarding type of information required.)

Credit Card Transaction Fees

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

National Transaction Corp

Amount
(\$)

09/01/2007

Payee address; City; State; Zip Code

11951 NW 37th St
Coral Springs, FL 33065

\$15.95

Purpose of payment (See instructions regarding type of information required.)

Credit Card Transaction Fees

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #

Schedule: 10/16 Report: 28/35

2 FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

4 Date**5** Payee name

National Transaction Corp

7

Amount

(\$)

10/01/2007

6 Payee address; City; State; Zip Code11951 NW 37th St
Coral Springs, FL 33065

\$15.95

8 Purpose of payment (See instructions regarding type of information required.)

Credit Card Transaction Fees

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

National Transaction Corp

Amount

(\$)

11/03/2007

Payee address; City; State; Zip Code

11951 NW 37th St
Coral Springs, FL 33065

\$15.95

Purpose of payment (See instructions regarding type of information required.)

Credit Card Transaction Fees

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

Office Depot

Amount

(\$)

07/12/2007

Payee address; City; State; Zip Code

5601 Bandera Rd
San Antonio, TX 78238

\$15.12

Purpose of payment (See instructions regarding type of information required.)

Office supplies

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

Office Depot

Amount

(\$)

07/16/2007

Payee address; City; State; Zip Code

5601 Bandera Rd
San Antonio, TX 78238

\$25.13

Purpose of payment (See instructions regarding type of information required.)

Office supplies

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 11/16 Report: 29/35**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

07/18/2007**5** Payee name
Office Depot**6** Payee address; City; State; Zip Code
5601 Bandera Rd
San Antonio, TX 78238**7** Amount
(\$)

\$19.18**8** Purpose of payment (See instructions regarding type of information required.)
Office supplies(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
Office DepotAmount
(\$)

09/19/2007

Payee address; City; State; Zip Code
5601 Bandera Rd
San Antonio, TX 78238

\$72.72

Purpose of payment (See instructions regarding type of information required.)
Office supplies(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
Office DepotAmount
(\$)

10/11/2007

Payee address; City; State; Zip Code
5601 Bandera Rd
San Antonio, TX 78238

\$92.50

Purpose of payment (See instructions regarding type of information required.)
Office supplies(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
Office MaxAmount
(\$)

10/15/2007

Payee address; City; State; Zip Code
255 E. Basse Rd Ste 1510
San Antonio, TX 78209

\$63.79

Purpose of payment (See instructions regarding type of information required.)
Office supplies(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #

Schedule: 12/16 Report: 30/35

2 FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

4 Date**5** Payee name

Office Max

7

Amount

(\$)

10/29/2007

6 Payee address; City; State; Zip Code255 E. Basse Rd Ste 1510
San Antonio, TX 78209

\$369.09

8 Purpose of payment (See instructions regarding type of information required.)

Office supplies

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

Ottoway, Matt

Amount

(\$)

10/18/2007

Payee address; City; State; Zip Code

3838 Lockhill Selma
San Antonio, TX 78230

\$114.32

Purpose of payment (See instructions regarding type of information required.)

Volunteer - fuel expense reimbursement

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

Ottoway, Matt

Amount

(\$)

10/31/2007

Payee address; City; State; Zip Code

3838 Lockhill Selma
San Antonio, TX 78230

\$1,000.00

Purpose of payment (See instructions regarding type of information required.)

Consultant expense

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

Ramon & Associates

Amount

(\$)

07/01/2007

Payee address; City; State; Zip Code

3530 Roland Ave
San Antonio, TX 78210

\$3,000.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Mgr Fee

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 13/16 Report: 31/35**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date**5** Payee name

Ramon & Associates

7

Amount

(\$)

07/12/2007

6 Payee address; City; State; Zip Code3530 Roland Ave
San Antonio, TX 78210

\$499.16

8 Purpose of payment (See instructions regarding type of information required.)

Pushcards

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Ramon & Associates

Amount

(\$)

07/12/2007

Payee address; City; State; Zip Code

3530 Roland Ave
San Antonio, TX 78210

\$163.12

Purpose of payment (See instructions regarding type of information required.)

Fundraiser Invitations

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Ramon & Associates

Amount

(\$)

08/01/2007

Payee address; City; State; Zip Code

3530 Roland Ave
San Antonio, TX 78210

\$3,000.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Mgr Fee

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Ramon & Associates

Amount

(\$)

09/01/2007

Payee address; City; State; Zip Code

3530 Roland Ave
San Antonio, TX 78210

\$3,000.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Mgr Fee

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 14/16 Report: 32/35**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001

| 4 Date | 5 Payee name | 7 Amount (\$) |
|---------------|---|----------------------|
| 10/08/2007 | SA Fire Fighters Banquet Hall | |
| | 6 Payee address; City; State; Zip Code 8925 West IH 10 San Antonio, TX 78230 | \$1,200.00 |

8 Purpose of payment (See instructions regarding type of information required.)
Hall rental Fundraiser 10/26/07**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

| Date | Payee name | Amount (\$) |
|------------|--|-------------|
| 08/05/2007 | Symantec Software | |
| | Payee address; City; State; Zip Code Internet Internet, TX | \$58.98 |

Purpose of payment (See instructions regarding type of information required.)
Internet Security software** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

| Date | Payee name | Amount (\$) |
|------------|--|-------------|
| 10/25/2007 | Texas Alcohol Beverage Commission | |
| | Payee address; City; State; Zip Code 4203 Woodcock San Antonio, TX 78228 | \$202.99 |

Purpose of payment (See instructions regarding type of information required.)
Temporary Beer License - fundraiser 10/26/07** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

| Date | Payee name | Amount (\$) |
|------------|---|-------------|
| 10/26/2007 | Toudouze Market | |
| | Payee address; City; State; Zip Code 800 Buena Visa San Antonio, TX 78207 | \$102.93 |

Purpose of payment (See instructions regarding type of information required.)
Supplies - for fundraiser 10/26/07** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 15/16 Report: 33/35

2 FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date**5** Payee name

US Postal Service

7

Amount

(\$)

09/25/2007

6 Payee address; City; State; Zip CodeArsenal Station
San Antonio, TX 78204-9998

\$82.00

8 Purpose of payment (See instructions regarding type of information required.)

Postage for Mailouts

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

US Postal Service

Amount

(\$)

09/26/2007

Payee address; City; State; Zip Code

Arsenal Station
San Antonio, TX 78204-9998

\$82.00

Purpose of payment (See instructions regarding type of information required.)

Postage for Mailouts

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

US Postal Service

Amount

(\$)

09/27/2007

Payee address; City; State; Zip Code

Arsenal Station
San Antonio, TX 78204-9998

\$82.00

Purpose of payment (See instructions regarding type of information required.)

Postage for Mailouts

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

US Postal Service

Amount

(\$)

11/07/2007

Payee address; City; State; Zip Code

Arsenal Station
San Antonio, TX 78204-9998

\$41.00

Purpose of payment (See instructions regarding type of information required.)

Postage for Mailouts

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 16/16 Report: 34/35

2 FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date**5** Payee name

US Postal Service

7

Amount

(\$)

11/14/2007

6 Payee address; City; State; Zip CodeArsenal Station
San Antonio, TX 78204-9998

\$26.00

8 Purpose of payment (See instructions regarding type of information required.)

Renew P.O. Box rental

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

US Postal Service

Amount

(\$)

12/04/2007

Payee address; City; State; Zip Code

Arsenal Station
San Antonio, TX 78204-9998

\$41.00

Purpose of payment (See instructions regarding type of information required.)

Postal Stamps

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

Vista Print

Amount
(\$)

07/04/2007

Payee address; City; State; Zip Code

Internet Printing Service
TX

\$96.39

Purpose of payment (See instructions regarding type of information required.)

Campaign Stationary

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

Walker, Steve

Amount
(\$)

11/08/2007

Payee address; City; State; Zip Code

112 Leisure Dr
Balcones Heights, TX 78201

\$225.00

Purpose of payment (See instructions regarding type of information required.)

Walker report website ad placement

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/1 Report: 35/35

2 FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

4 Date

08/31/2007

5 Payee name

San Antonio Fire Fighters Banquet Hall

8Amount
(\$)

\$500.00

6 Payee address; City; State; Zip Code
8925 West IH 10
San Antonio, TX 78230**7** Purpose of expenditure (See instructions regarding type of information required.)
Deposit - Rent Banquet Hall for Fundraiser 10/26/07(If travel outside of Texas, complete Schedule T) ☐☒ Reimbursement
from political
contributions
intended